VILLAGE OF HUNTER

P.O. Box 441 • 7955 Main Street • Hunter NY 12442 Phone 518-263-4020 • Fax 518-263-5530

PLANNING BOARD APPLICATION ZONING BOARD OF APPEALS APPLICATION

OWNER'S AUTHORIZATION FORM

If the Applicant is not the Owner of the subject property, this form must be completed by the Owner.

I/We,	, the Owner(s) of property located at:
Owner's Name(s)	, the Owner(s) or property located at:
Street Address	,
do hereby authorize	to make application to the
Village of Hunter Planning Board or Zoning Board of Appea	ls for the purpose of:
Printed Name(s)	Signature(s)
Mailing Address	Date
Subscribed and sworn to before me this	
day of, 20	
 Notary Public	SEAL
My Commission Expires:	